

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY
McMANIMON, SCOTLAND & BAUMANN, LLC 75 Livingston Avenue, Suite 201 Roseland, New Jersey 07068 (973) 622-1800 Anthony Sodono, III (asodono@msbnj.com) Sari B. Placona (splacona@msbnj.com) <i>Counsel to 703 Bakery Corp., Reorganized Subchapter V Chapter 11 Debtor and Debtor-in- Possession</i>
In re: 703 BAKERY CORP., Reorganized Debtor.

Case No. 24-15150 (VFP)

Chapter 11; Subchapter V

**CERTIFICATION OF OLEG AZIZOV IN SUPPORT OF THE
REORGANIZED DEBTOR'S MOTION OBJECTING TO
AND DISALLOWING OR REDUCING PROOF OF CLAIM
NOS. 3, 74, AND 75 AND AMENDED PROOF OF CLAIM
NOS. 3 AND 74, PURSUANT TO 11 U.S.C. § 502(b), AND FED.
R. BANKR. P. 3007(d), AND D.N.J. LBR 3007-1**

OLEG AZIZOV, of full age, hereby certifies as follows:

1. I am the President, Owner, and Chief Executive Officer of 703 Bakery Corp., the Reorganized Subchapter V Chapter 11 Debtor (the "Debtor"). I am fully familiar with the Debtor's business and financial affairs, including the facts and circumstances set forth herein.

2. If I am called to testify as a witness in this matter, I would competently testify to each of the facts set forth herein.

3. I make this certification in support of Debtor's Motion Objecting to Proof of Claim Nos. 3, 74 and 75 and Amended Proof of Claim Nos. 3 and 74, Pursuant to 11 U.S.C. § 502(b), Fed. R. Bankr. P. 3007(d), and D.N.J. LBR 3007-1 (the "Motion") regarding claims by State of New Jersey Division of Taxation Bankruptcy Unit (the "NJ Div. Tax") and of New York State

Dept. of Tax & Finance (the “NYS Dept. Tax,” collectively the “Tax Claims”). The Motion is the first objection to the allowance of NYS Dept. Tax’s proof of claim and amended proof of claim 3 and 74 (“NYS Dept. Tax’s Claims”) and NJ Div. Tax’s proof of claim 75 (“NJ Div. Tax’s Claim”) listed on **Exhibit A** (the “Disputed Claims”) submitted herewith.

4. The Debtor is an artisan bakery and café and operates a manufacturing facility in Lyndhurst, New Jersey as well as retail stores in New York and New Jersey.

5. On May 21, 2024, the Debtor filed a voluntary petition under Title 11 of the Bankruptcy Code. ECF 1.

6. On May 24, 2024, Mark Politan was appointed the Subchapter V Trustee (the “Subchapter V Trustee”) of the Debtor’s estate. ECF 16.

7. On October 23, 2024, the Debtor filed its Combined First Amended Plan of Reorganization and Disclosure Statement (the “Plan”). ECF 178.

8. On December 16, 2024 (the “Confirmation Date”), the Court entered an Order Confirming the Debtor’s Plan. ECF 220.

9. Pursuant to paragraph 2.3 of the Debtor’s Plan, the Debtor reserved the right to object to the amount or validity of any claim within sixty (60) days of the Confirmation Date. ECF 178, 220.

10. Under the Debtor’s Plan, the deadline to file an objection to a claim was set to expire on February 14, 2025. Id.

11. On March 11, 2025, the Court granted the Debtor’s Motion to Extend Time to File Objections to Claims Pursuant to Fed. R. Bankr. P. 9006(b) and 11 U.S.C. § 105(a) (the “Extension Motion”) from February 14, 2025, through and including April 16, 2025. ECF 247. Pursuant to the Extension Motion, the Debtor stated it preliminary disagreed with the Disputed Claims. Id.

NJ Div. Tax's Claim

12. The Debtor filed late tax returns in New Jersey subsequent to NJ Div. Tax's Claim.
13. NJ Div. Tax asserts it has a total claim of \$348,350.79, with \$336,060.28 in taxes and penalties owed regarding the Debtor's sales tax.
 - a. When the Debtor's tax accounts were established with NJ Div. Tax, the Debtor's accounts were separated into three (3) separate sub accounts: 000, 001, and 002. Due to changes in management, the Debtor was unaware as to the existence of sub accounts 001 and 002 and solely filed its sales tax under the 000 sub account.
 - b. On October 1, 2024, NJ Div. Tax's Claim asserts delinquent tax filings for sub account 000 for a total amount of \$53,874.38. Moreover, NJ Div. Tax's Claim asserted delinquencies for sub accounts 001 and 002, assessing an additional tax liability of \$140,000.00 per sub account.
 - c. On January 9, 2025, the Debtor filed late quarterly sales tax returns for the missing periods ending:
 - i. September 30, 2023,
 - ii. December 30, 2023,
 - iii. March 31, 2024,
 - iv. June 30, 2024,
 - v. September 30, 2024, and
 - vi. December 30, 2024.
 - d. As such, all New Jersey sales taxes have been properly filed and reported, consolidated under the 000 sub account.

14. Vestcorp, LLC, Debtor's accountant (the "Accountant"), communicated with the New Jersey Division of Revenue and the Division of Taxation regarding this procedural discrepancy. Both divisions were satisfied with closing of the Debtor's 001 and 002 sub accounts and for continued filing solely under the 000 sub account.

15. Despite the Debtor's submission of delinquent tax filings, the Department of Treasury refuses to withdraw or amend NJ Div. Tax's Claim on grounds that the Debtor's 000 sub account was not originally established as Debtor's 'home location.' The Debtor filed late returns for New Jersey, which reflect the Debtor owes sales tax returns pursuant to NJ Div. Tax's Claim in the total amount of \$12,831.35, and whatever late fees and penalties NJ Div. Tax will assess pursuant to the filed late returns. The Debtor is not disputing the general unsecured schedule of liabilities of NJ Div. Tax's claim. Annexed as **Exhibit B** are the Debtor's filed late quarterly returns which were accepted, but which NJ Div. Tax refused to use as a basis to amend NJ Div. Tax's Claim due to the aforementioned procedural error with the sub accounts.

16. The Debtor disputes NJ Div. Tax's Claim on grounds that additional amounts owed under the sub-accounts constitute a procedural error. The Debtor's Accountant attempted to resolve NJ Div. Tax's Claim by communicating in good faith with the relevant New Jersey taxation divisions. The Debtor submits NJ Div. Tax's Claim penalizes the Debtor not for taxes due and owed, but rather for an obscure procedural error. The Debtor's Accountant attempted to reconcile this error with the NJ Div. Tax but was denied on procedural grounds. NJ Div Tax represented it cannot reassess its claim concerning the sub accounts, which is unreasonable.

NYS Dept. Tax's Claims

17. The Debtor filed amended tax returns subsequent to NYS Dept. Tax's Claims which resulted in NYS Dept. Tax filing amended claims on February 10, 2025.

- a. On May 30, 2024, NYS Dept. Tax filed proof of claim 3 in the amount of \$42,234.27 for corporate sales tax delinquency. On February 10, 2025, NYS Dept. Tax amended proof of claim 3 to reflect a total amount of \$70,322.91, with \$58,213.70 in taxes and penalties owed regarding the Debtor's income tax.
- b. On September 26, 2024, NYS Dept. Tax filed proof of claim 74 claiming \$30,934.11 for corporate sales tax delinquency. On February 10, 2024, NYS Dept Tax amended proof of claim 74 downward to \$27,564.32 for sales tax, with a total of \$27,564.32 taxes and penalties owed regarding the Debtor's sales tax.

The Debtor disagrees with NYS Dept. Tax's Claim because the amended claims did not reflect certain credits which should have reduced the tax liabilities assessed. Annexed as **Exhibit C** are quarterly returns filed by the Debtor for quarters ending on November 30, 2023, and February 29, 2024, which reflect tax credits of \$43,900.39 for the former quarter, and \$29,998.21 for the latter quarter. Therefore, the Debtor submits the Disputed Claims must be reduced.

I hereby certify that the above statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Dated: April 16, 2025

By: /s/ Oleg Azizov
OLEG AZIZOV

EXHIBIT A

Fill in this information to identify the case:

Debtor 1 703 Bakery Corp.
Debtor 2 _____
(Spouse, if filing) _____
United States Bankruptcy Court District of New Jersey
Case number: 24-15150

FILED

U.S. Bankruptcy Court
District of New Jersey

2/10/2025

Jeanne Naughton, Clerk

Official Form 410
Proof of Claim

12/24

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>New York State Dept of Tax & Finance</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	<div>Where should notices to the creditor be sent? <u>New York State Dept of Tax & Finance</u> Name Bankruptcy Section PO Box 5300 Albany, NY 12205-0300 Contact phone <u>518-457-3160</u> Contact email _____ Uniform claim identifier (if you use one): _____</div>	<div>Where should payments to the creditor be sent? (if different) _____ Name _____ Contact phone _____ Contact email _____</div>
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>3</u> Filed on <u>05/30/2024</u> MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:	6422						
7. How much is the claim?	\$ 70322.91	Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).						
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as healthcare information. INCOME TAX							
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) <table style="width: 100%;"> <tr> <td style="width: 50%;">Value of property:</td> <td style="width: 50%;">\$ _____</td> </tr> <tr> <td>Amount of the claim that is secured:</td> <td>\$ _____</td> </tr> <tr> <td>Amount of the claim that is unsecured:</td> <td>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</td> </tr> </table> Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable		Value of property:	\$ _____	Amount of the claim that is secured:	\$ _____	Amount of the claim that is unsecured:	\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Value of property:	\$ _____							
Amount of the claim that is secured:	\$ _____							
Amount of the claim that is unsecured:	\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)							
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____							
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____							

Certification in Support Page 9 of 38

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
	<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ 58213.70
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies	\$ _____
* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.		

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(3) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

Check the appropriate box:

- ☒ I am the creditor.
☐ I am the creditor's attorney or authorized agent.
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 2/10/2025
MM / DD / YYYY

/s/ Renaud/Pugliese

Signature

Print the name of the person who is completing and signing this claim:

Name	<u>Renaud/Pugliese</u>		
	First name	Middle name	Last name
Title	<u>TCM1/Office Asst. 2</u>		
Company	<u>New York State Dept. of Tax & Finance Bankruptcy</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>P O Box 5300</u>		
	Number Street		
	<u>Albany, NY 12205-0300</u>		
	City State ZIP Code		
Contact phone	<u>518-457-3160</u>	Email	<u></u>



Bankruptcy Section
 P O Box 5300
 Albany NY 12205-0300
 (518) 457-3160

Statement date: 2/12/2025

Amendment: 1st

Case number: 24-15150 VFP

Refer to this number for inquiries

Total claim amount: \$70,322.91

Taxpayer ID#: B-47-3786422-5
 B-TF-3343121-3

Pre-Petition Proof of Claim

UNITED STATES BANKRUPTCY COURT
 TOTAL DISTRICT OF NEW JERSEY
 MLK JR FEDERAL BUILDING
 50 WALNUT ST, 3RD FLOOR
 NEWARK, NJ 07102-2506

This is a statement of tax liabilities for 703 BAKERY CORP. and 703 BAKERY CORP.. Penalty and interest for each liability is computed to 5/21/2024.

Unsecured Priority Liabilities

Tax Type	Period End	Notice Number	Tax	Penalty	Interest	Total	Type
CORP	12/31/22	L-059455350-8	0.00	0.00	22.50	22.50	ACT
SALES	08/31/23	L-058938176-6	52,656.10	0.00	5,535.10	58,191.20	ACT
SubTotal \$						58,213.70	

General Unsecured Liabilities

Tax Type	Period End	Notice Number	Tax	Penalty	Interest	Total	Type
CORP	12/31/22	L-059455350-8	0.00	724.81	0.00	724.81	ACT
SALES	08/31/23	L-058938176-6	0.00	11,384.40	0.00	11,384.40	ACT
SubTotal \$						12,109.21	

This claim amends and supercedes the previous claim dated 6/3/2024.

Current Annual Interest Rates by Tax Type: Corporation - 11%, Sales and Use - 14.5%

Liability Type Descriptions: ACT - Actual Return Filed

Fill in this information to identify the case:

Debtor 1 703 Bakery Corp.
Debtor 2 _____
(Spouse, if filing) _____
United States Bankruptcy Court District of New Jersey
Case number: 24-15150

FILED
U.S. Bankruptcy Court
District of New Jersey
2/10/2025
Jeanne Naughton, Clerk

**Official Form 410
Proof of Claim**

12/24

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents**; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>New York State Dept of Tax & Finance</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>New York State Dept of Tax & Finance</u> Name Bankruptcy Section PO Box 5300 Albany, NY 12205-0300 Contact phone <u>518-457-3160</u> Contact email _____ Uniform claim identifier (if you use one): _____	Where should payments to the creditor be sent? (if different) _____ Name _____ Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>74</u> Filed on <u>09/26/2024</u> MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>6422</u>
7. How much is the claim?	<p>\$ <u>27564.32</u></p> <p>Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
8. What is the basis of the claim?	<p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as healthcare information.</p> <p><u>SALES TAX</u></p>
9. Is all or part of the claim secured?	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____</p> <p>Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>
10. Is this claim based on a lease?	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
11. Is this claim subject to a right of setoff?	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</p>

Certification in Support Page 13 of 38

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
	<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ 27564.32
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies	\$ _____
* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.		

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(3) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

Check the appropriate box:

- ☒ I am the creditor.
☐ I am the creditor's attorney or authorized agent.
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 2/10/2025
MM / DD / YYYY

/s/ Renaud/Pugliese

Signature

Print the name of the person who is completing and signing this claim:

Name	Renaud/Pugliese		
	First name	Middle name	Last name
Title	TCM1/Office Asst. 2		
Company	New York State Dept. of Tax & Finance Bankruptcy		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	P O Box 5300		
	Number Street		
	Albany, NY 12205-0300		
	City	State	ZIP Code
Contact phone	518-457-3160		Email

Bankruptcy Section
P O Box 5300
Albany NY 12205-0300

(518) 457-3160

Amendment: 1st

Case number: 24-15150 VFP

Refer to this number for inquiries

Total claim amount: \$27,564.32

Taxpayer ID#: B-47-3786422-5

B-TF-3343121-3

Administrative Expense Tax Liability

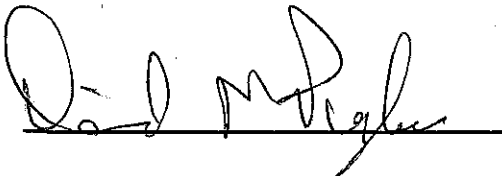
UNITED STATES BANKRUPTCY COURT
TOTAL DISTRICT OF NEW JERSEY
MLK JR FEDERAL BUILDING
50 WALNUT ST, 3RD FLOOR
NEWARK, NJ 07102-2506

This is a statement of tax liabilities for 703 BAKERY CORP. and 703 BAKERY CORP.. Additional penalty and interest will accrue if paid after 2/17/2025.

Administrative Liabilities

Tax Type	Period End	Notice Number	Tax	Penalty	Interest	Total	Type
SALES	08/31/24	L-060764424-6	13,490.39	2,352.19	853.15	16,695.73	ACT
SALES	11/30/24	L-061152674-9	9,418.90	1,123.05	326.64	10,868.59	ACT
Total \$						27,564.32	

This claim amends and supercedes the previous claim dated 9/30/2024.
Current Annual Interest Rates by Tax Type: Sales and Use - 14.5%
Liability Type Descriptions: ACT - Actual Return Filed



Fill in this information to identify the case:

Debtor 1 _____

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: _____ District of _____

Case number _____

☐ AMENDED☒ POST-PETITION☒ PRIORITY☒ GENERAL UNSECURED☐ SECURED

Official Form 410

Proof of Claim

12/15

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?

Name of the current creditor (the person or entity to be paid for this claim) _____

Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else?

☐ No☐ Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?

Where should notices to the creditor be sent?

Where should payments to the creditor be sent? (if different)

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Name _____

Name _____

Number _____ Street _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

City _____ State _____ ZIP Code _____

Contact phone _____

Contact phone _____

Contact email _____

Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

☐ No☐ Yes. Claim number on court claims registry (if known) _____Filed on _____
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☐ No☐ Yes. Who made the earlier filing? _____

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim? \$_____	Does this amount include interest or other charges? <input type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. _____
9. Is all or part of the claim secured?	<input type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$_____ Amount of the claim that is secured: \$_____ Amount of the claim that is unsecured: \$_____ (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$_____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$_____
11. Is this claim subject to a right of setoff?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- ☐ I am the creditor.
- ☐ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- ☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date _____
 MM / DD / YYYY

Erica Hamlin
 Signature

Print the name of the person who is completing and signing this claim:

Name _____
 First name Middle name Last name

Title _____

Company _____
 Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____
 Number Street

City State ZIP Code

Contact phone _____ Email _____



State of New Jersey

Division of Taxation

Bankruptcy Unit

PO Box 245

Trenton, NJ 08695-0245

9/27/2024

IN THE MATTER OF:

DEBTOR(S): PATIS
PETITION NO: 24-15150-VFP
TAX ID NO(S): B ***-***-422/000
CASE NO(S): 5

PRIORITY SCHEDULE OF LIABILITIES

TYPE OF TAX	RTN PERIOD BEG	RTN PERIOD END	ITEM TYPE	TAX LIABILITY	INTEREST	AMOUNTS CREDITED	BALANCE DUE
CBT	01/21	12/21	DEF	\$2,000.00	\$185.90	\$2,000.00	\$185.90
CBT	01/23	12/23	DEL	\$2,000.00	\$0.00	\$0.00	\$2,000.00
CBT TOTAL:							\$2,185.90
S&U	07/23	09/23	DEL	\$20,000.00	\$0.00	\$6,125.62	\$13,874.38
S&U	10/23	12/23	DEL	\$20,000.00	\$0.00	\$0.00	\$20,000.00
S&U	01/24	03/24	DEL	\$20,000.00	\$0.00	\$0.00	\$20,000.00
S&U TOTAL:							\$53,874.38
GRAND TOTALS:							\$56,060.28

DEL: Delinquent; Return Not Filed (Estimated Tax Liab.)
DEF: Deficient; Underpayment
S&U: Sales and Use Tax
CBT: Corporation Business Tax
GIT-ER: Gross Income Tax - Employer Withholdings
TGI-EE: Gross Income Tax - Individual
AUDIT: Final Audit Determination
RF: Collection Agency Costs of Recovery Fee

IN REPLY REFER TO:
ERICA HAMLIN
BANKRUPTCY UNIT
PO BOX 245
TRENTON, NJ 08695-0245
Ph:609-322-6527
Fx:609-984-5754
Erica.Hamlin@treas.nj.gov



State of New Jersey

Division of Taxation

Bankruptcy Unit

PO Box 245

Trenton, NJ 08695-0245

9/27/2024

IN THE MATTER OF:

DEBTOR(S): 703 BAKERY CORP
PETITION NO: 24-15150-VFP
TAX ID NO(S): B ***-**-422/001
CASE NO(S): 1

PRIORITY SCHEDULE OF LIABILITIES

TYPE OF TAX	RTN PERIOD BEG	END	ITEM TYPE	TAX LIABILITY	INTEREST	AMOUNTS CREDITED	BALANCE DUE
S&U	07/22	09/22	DEL	\$20,000.00	\$0.00	\$0.00	\$20,000.00
S&U	10/22	12/22	DEL	\$20,000.00	\$0.00	\$0.00	\$20,000.00
S&U	01/23	03/23	DEL	\$20,000.00	\$0.00	\$0.00	\$20,000.00
S&U	04/23	06/23	DEL	\$20,000.00	\$0.00	\$0.00	\$20,000.00
S&U	07/23	09/23	DEL	\$20,000.00	\$0.00	\$0.00	\$20,000.00
S&U	10/23	12/23	DEL	\$20,000.00	\$0.00	\$0.00	\$20,000.00
S&U	01/24	03/24	DEL	\$20,000.00	\$0.00	\$0.00	\$20,000.00
GRAND TOTAL:							\$140,000.00

DEL: Delinquent; Return Not Filed (Estimated Tax Liab.)
DEF: Deficient; Underpayment
S&U: Sales and Use Tax
CBT: Corporation Business Tax
GIT-ER: Gross Income Tax - Employer Withholdings
TGI-EE: Gross Income Tax - Individual
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IN REPLY REFER TO:
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Erica.Hamlin@treas.nj.gov



State of New Jersey

Division of Taxation

Bankruptcy Unit

PO Box 245

Trenton, NJ 08695-0245

9/27/2024

IN THE MATTER OF:

DEBTOR(S): 703 BAKERY CORP
PETITION NO: 24-15150-VFP
TAX ID NO(S): B ***-***-422/003
CASE NO(S): 1

PRIORITY SCHEDULE OF LIABILITIES

TYPE OF TAX	RTN PERIOD BEG	RTN PERIOD END	ITEM TYPE	TAX LIABILITY	INTEREST	AMOUNTS CREDITED	BALANCE DUE
S&U	07/22	09/22	DEL	\$20,000.00	\$0.00	\$0.00	\$20,000.00
S&U	10/22	12/22	DEL	\$20,000.00	\$0.00	\$0.00	\$20,000.00
S&U	01/23	03/23	DEL	\$20,000.00	\$0.00	\$0.00	\$20,000.00
S&U	04/23	06/23	DEL	\$20,000.00	\$0.00	\$0.00	\$20,000.00
S&U	07/23	09/23	DEL	\$20,000.00	\$0.00	\$0.00	\$20,000.00
S&U	10/23	12/23	DEL	\$20,000.00	\$0.00	\$0.00	\$20,000.00
S&U	01/24	03/24	DEL	\$20,000.00	\$0.00	\$0.00	\$20,000.00
GRAND TOTAL:							\$140,000.00

DEL: Delinquent; Return Not Filed (Estimated Tax Liab.)
DEF: Deficient; Underpayment
S&U: Sales and Use Tax
CBT: Corporation Business Tax
GIT-ER: Gross Income Tax - Employer Withholdings
TGI-EE: Gross Income Tax - Individual
AUDIT: Final Audit Determination
RF: Collection Agency Costs of Recovery Fee

IN REPLY REFER TO:
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Erica.Hamlin@treas.nj.gov



Division of Taxation
Bankruptcy Unit
PO Box 245
Trenton, NJ 08695-0245

9/27/2024

IN THE MATTER OF:

DEBTOR(S): PATIS
PETITION NO: 24-15150-VFP
TAX ID NO(S): B ***-***-422/000
CASE NO(S): 5

GENERAL UNSECURED SCHEDULE OF LIABILITIES

TYPE OF TAX	RTN PERIOD BEG	END	ITEM TYPE	TAX LIABILITY	INTEREST	AMOUNTS CREDITED	BALANCE DUE
CBT	01/19	12/19	DEL	\$2,000.00	\$0.00	\$1,500.00	\$500.00
CBT	01/20	12/20	DEF	\$2,000.00	\$377.58	\$0.00	\$2,377.58
CBT	01/20	12/20	RF	\$95.64	\$0.00	\$0.00	\$95.64
CBT	01/21	12/21	RF	\$74.75	\$0.00	\$0.00	\$74.75
CBT TOTAL:							\$3,047.97
S&U	10/19	12/19	RF	\$66.72	\$0.00	\$0.00	\$66.72
S&U	01/20	03/20	RF	\$15.05	\$0.00	\$0.00	\$15.05
S&U	04/21	06/21	RF	\$52.77	\$0.00	\$0.00	\$52.77
S&U	7/23	09/23	RF	\$3,036.00	\$0.00	\$0.00	\$3,036.00
S&U	10/23	12/23	RF	\$3,036.00	\$0.00	\$0.00	\$3,036.00
S&U	01/24	03/24	RF	\$3,036.00	\$0.00	\$0.00	\$3,036.00
S&U TOTAL:							\$9,242.54
GRAND TOTAL:							\$12,290.51

DEL: Delinquent; Return Not Filed (Estimated Tax Liab.)
DEF: Deficient; Underpayment
S&U: Sales and Use Tax
CBT: Corporation Business Tax
GIT-ER: Gross Income Tax - Employer Withholdings
TGI-EE: Gross Income Tax - Individual
AUDIT: Final Audit Determination
RF: Collection Agency Costs of Recovery Fee

IN REPLY REFER TO:
ERICA HAMLIN
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TRENTON, NJ 08695-0245
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Erica.Hamlin@treas.nj.gov

EXHIBIT B

Sales and Use Tax Quarterly Return
Confirmation

ST-50

FEIN: [REDACTED]/000	Quarter/Yr: 3/2023
Business Name: 703 BAKERY CORP.	
Quarter Ending Date: 09/30/2023	Date Filed: 12/23/2024
Return Due Date: 10/20/2023	

This screen enables you to review information that you have entered. It is for your use only. Please do not mail this page to the Division of Taxation.

Preparer Name: yafa bresler
Telephone Number: [REDACTED]
Extension:
E-mail Address: yafa@nykcaterers.com
Confirmation Number: 55-278684101

1.	Total Gross Receipts from All Sales (To Nearest Dollar)	\$323,864
2.	Receipts Not Subject to Sales Tax (To Nearest Dollar)	\$101,020
3.	Receipts Subject to Sales Tax (Line 1 minus Line 2)	\$222,844
4.	Sales Tax Calculated (Multiply Line 3 by the Applicable Sales Tax Rate)	\$14,763.42
5.	Sales Tax Collected	\$14,763.38
6.	Sales Tax Due (Greater of Line 4 or Line 5)	\$14,763.42
7.	Use Tax Due	\$0.00
8.	Total Tax Due (Line 6 plus Line 7)	\$14,763.42
9.	Total Monthly Payments Previously Made (Month 1 plus Month 2 of This Quarter)	\$6,135.62
10.	Quarterly Amount Due (Line 8 minus Line 9)	\$8,627.80
11.	Penalty and Interest	\$0.00
12.	Adjusted Amount Due (Line 10 plus Line 11)	\$8,627.80

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Sales and Use Tax Quarterly Return
Confirmation

ST-50

FEIN: [REDACTED]/000	Quarter/Yr: 1/2024
Business Name: 703 BAKERY CORP.	
Quarter Ending Date: 03/31/2024	Date Filed: 12/23/2024
Return Due Date: 04/22/2024	

This screen enables you to review information that you have entered. It is for your use only. Please do not mail this page to the Division of Taxation.

Preparer Name: yafa bresler
Telephone Number: [REDACTED]
Extension:
E-mail Address: yafa@nykcaterers.com
Confirmation Number: 55-77520048

1.	Total Gross Receipts from All Sales (To Nearest Dollar)	\$10,455
2.	Receipts Not Subject to Sales Tax (To Nearest Dollar)	\$10,455
3.	Receipts Subject to Sales Tax (Line 1 minus Line 2)	\$0
4.	Sales Tax Calculated (Multiply Line 3 by the Applicable Sales Tax Rate)	\$0.00
5.	Sales Tax Collected	\$0.00
6.	Sales Tax Due (Greater of Line 4 or Line 5)	\$0.00
7.	Use Tax Due	\$0.00
8.	Total Tax Due (Line 6 plus Line 7)	\$0.00
9.	Total Monthly Payments Previously Made (Month 1 plus Month 2 of This Quarter)	\$0.00
10.	Quarterly Amount Due (Line 8 minus Line 9)	\$0.00
11.	Penalty and Interest	\$0.00
12.	Adjusted Amount Due (Line 10 plus Line 11)	\$0.00

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Sales and Use Tax Quarterly Return
Confirmation

ST-50

FEIN: [REDACTED]/000	Quarter/Yr: 4/2023
Business Name: 703 BAKERY CORP.	
Quarter Ending Date: 12/31/2023	Date Filed: 12/23/2024
Return Due Date: 01/22/2024	

This screen enables you to review information that you have entered. It is for your use only. Please do not mail this page to the Division of Taxation.

Preparer Name: Yafa Bresler
Telephone Number: [REDACTED]
Extension:
E-mail Address: yafa@nykcaterers.com
Confirmation Number: 55-1699665739

1.	Total Gross Receipts from All Sales (To Nearest Dollar)	\$4,475
2.	Receipts Not Subject to Sales Tax (To Nearest Dollar)	\$1,593
3.	Receipts Subject to Sales Tax (Line 1 minus Line 2)	\$2,882
4.	Sales Tax Calculated (Multiply Line 3 by the Applicable Sales Tax Rate)	\$190.93
5.	Sales Tax Collected	\$190.92
6.	Sales Tax Due (Greater of Line 4 or Line 5)	\$190.93
7.	Use Tax Due	\$0.00
8.	Total Tax Due (Line 6 plus Line 7)	\$190.93
9.	Total Monthly Payments Previously Made (Month 1 plus Month 2 of This Quarter)	\$0.00
10.	Quarterly Amount Due (Line 8 minus Line 9)	\$190.93
11.	Penalty and Interest	\$0.00
12.	Adjusted Amount Due (Line 10 plus Line 11)	\$190.93

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EXHIBIT C



Department of Taxation and Finance

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Quarterly Recap for Monthly Filers ST-810

12/24 V2

New York State and Local Sales and Use Tax Web Filed Return

Filing period

09/01/2023 - 11/30/2023

Sales tax identification number ▶	6422
Legal name 703 BAKERY CORP.	
Mailing address Yafa Bresler 323 Ridge Rd Lyndhurst, NJ 07071-2209 US	

Due date:

12/20/2023

You will be responsible for penalty and interest if your return is not submitted by this date.

Business information changesFinal return ☐ Amended return ☒Has your responsible persons information changed? Yes ☐ No ☒Has your business address or phone number(s) changed? Yes ☐ No ☒**Summary of business activity**

Gross sales (include all taxable and exempt sales but not sales tax)	2,550,397.00
Total non-taxables sales	378,117.00

Return Summary

Task	Net taxable sales & services	Net purchases subject to tax	Total net sales & use tax
Main form	1,968,536.00	0.00	174,707.57
Schedule A	203,745.00		17,573.01
	2,172,281.00	0.00	192,280.58

Sales and use taxes by jurisdiction

Do you have anything to report on this form for this period? Yes ☒ No ☐

Taxable sales and services	Credits against taxable sales and services	Net taxable sales and services	Purchases subject to tax	Credits against purchases subject to tax	Net purchases subject to tax	X	Tax rate	=	Sales & use tax
NA 2811 Nassau County									
					Over collected(\$):				
		0.00			0.00		0.08625		0.00
SU 4821 Sullivan County									
					Over collected(\$):				
		0.00			0.00		0.08000		0.00
NE 8081 New York City/State Combined Tax									
					Over collected(\$):				
1,968,536.00		1,968,536.00			0.00		0.08875		174,707.57
Column totals:									
1,968,536.00	0.00	1,968,536.00	0.00	0.00	0.00				174,707.57
Total tax due from main form and schedules:*									192,280.58

* Total tax due includes any over-collected amounts.

Special taxes

Taxable receipts	Tax rate	Special taxes	Over collected	Total Special taxes due
------------------	----------	---------------	----------------	-------------------------

Fees

Number of items subject to fee	Fee due per item	Fees	Over collected	Total fees due
--------------------------------	------------------	------	----------------	----------------

Total special taxes and fees: 0.00

Unclaimed credit

Credit amount
Credit for prepaid sales tax on cigarettes

Vendor collection credit

Credit amount
Vendor collection credit (can not exceed \$200)
Total tax due: 192,280.58

Advance payments

Credit amount
Advance payments
Additional payments not shown above
Overpayment being carried forward from a prior period
Total advance payments: 236,180.97

Pay penalty and interest

Taxpayer calculated penalty and interest	0.00
Over payment amount:	43,900.39

Transaction details

Confirmation number SW2407409557	Transaction date/time 12/23/2024 12:43PM
Tax professional ID	Tax professional name
Submitter phone [REDACTED]	Submitter e-mail yafa@nykcaterers.com
Submitted by Yafa Bresler	



Taxes on Selected Sales and Services in Nassau and Niagara Counties

Tax period:

09/01/2023 - 11/30/2023

Sales tax identification number	6422
Legal name	703 BAKERY CORP.

Do you have anything to report on this schedule for this period? Yes ☒ No ☐

Nassau County

Taxable sales	-	Credits against taxable sales	=	Net taxable sales and services	x	Tax rate	=	Sales tax
NA 8289 Nassau County excluding city of Long Beach Food and drink; hotel/motel room occupancy								
Over collected(\$):								
203,745.00				203,745.00		0.08625		17,573.01

Niagara County

Taxable sales	-	Credits against taxable sales	=	Net taxable sales and services	x	Tax rate	=	Sales tax
Column totals								
				203,745.00				17,573.01

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Department of Taxation and Finance

AU11

12/24 V24

New York State and Local Sales and Use Tax Credit or Refund Details

Filing period

09/01/2023 - 11/30/2023

Name (Legal business name, including DBA or individual) 703 BAKERY CORP.			NYS Sales Tax ID number (if registered) EIN or social security number [REDACTED] 6422
Representative's name (if any); see instructions	Telephone number		Period covered by claim(date(s) of purchase) (mm/dd/yyyy) 09/01/2023 - 11/30/2023
Representative's mailing address (number and street or rural route)			Refund claimed \$ 0.00
City	State	Zip code	Credit claimed \$ 0.00
			Overpayment to be carried forward \$ 43,900.39

Resale Explanations

Tangible personal property or taxable services that you resold

Utilities that you resold (for example, submetered to tenants)

Hotel occupancy resold by room remarketers

Materials incorporated into real property by a contractor Explanations

The real property is located outside New York State

The real property is in an empire zone

The real property is owned by an Exempt Organization

The materials remained tangible personal property after installation

The materials were transferred to your customer in a taxable repair, maintenance, or installation service

Miscellaneous Explanations

Bad debt under Tax Law Section 1132(e)

Tax remitted in a prior period, which was refunded to the customer during the current period

Materials either stored in bulk or fabricated in NY, shipped outside NY for use outside the state

Utilities used directly and exclusively in manufacturing

Other

Explanation of your claim

Provide explanation:

Transaction details

Certification in Support Page 32 of 38

Confirmation number SW2407409557	Transaction date/time 12/23/2024 12:43PM
Tax professional ID	Tax professional name
Submitter phone [REDACTED]	Submitter e-mail yafa@nykcaterers.com
Submitted by Yafa Bresler	



Department of Taxation and Finance

Certification in Support Page 33 of 38

Quarterly Recap for Monthly Filers ST-810

12/24 V2

New York State and Local Sales and Use Tax Web Filed Return

Filing period

12/01/2023 - 02/29/2024

Sales tax identification number	6422
Legal name 703 BAKERY CORP.	
Mailing address Yafa Bresler 323 Ridge Rd Lyndhurst, NJ 07071-2209 US	

Due date:

03/20/2024

You will be responsible for penalty and interest if your return is not submitted by this date.

Business information changesFinal return ☐ Amended return ☒Has your responsible persons information changed? Yes ☐ No ☒Has your business address or phone number(s) changed? Yes ☐ No ☒**Summary of business activity**

Gross sales (include all taxable and exempt sales but not sales tax)	2,611,982.00
Total non-taxables sales	895,392.00

Return Summary

Task	Net taxable sales & services	Net purchases subject to tax	Total net sales & use tax
Main form	1,541,933.00	0.00	136,846.55
Schedule A	174,658.00		15,064.25
	1,716,591.00	0.00	151,910.80

03012 (12/23) Page 1 of 3

Sales and use taxes by jurisdiction

Do you have anything to report on this form for this period? Yes ☒ No ☐

Taxable sales and services	Credits against taxable sales and services	Net taxable sales and services	Purchases subject to tax	Credits against purchases subject to tax	Net purchases subject to tax	X	Tax rate	=	Sales & use tax
NA 2811 Nassau County									
					Over collected(\$):				
		0.00			0.00		0.08625		0.00
SU 4821 Sullivan County									
					Over collected(\$):				
		0.00			0.00		0.08000		0.00
NE 8081 New York City/State Combined Tax									
					Over collected(\$):				
1,541,933.00		1,541,933.00			0.00		0.08875		136,846.55
Column totals:									
1,541,933.00	0.00	1,541,933.00	0.00	0.00	0.00				136,846.55
Total tax due from main form and schedules:*									151,910.80

* Total tax due includes any over-collected amounts.

Special taxes

Taxable receipts	Tax rate	Special taxes	Over collected	Total Special taxes due
------------------	----------	---------------	----------------	-------------------------

Fees

Number of items subject to fee	Fee due per item	Fees	Over collected	Total fees due
--------------------------------	------------------	------	----------------	----------------

Total special taxes and fees: 0.00

Unclaimed credit

Credit amount
Credit for prepaid sales tax on cigarettes

Vendor collection credit

Credit amount
Vendor collection credit (can not exceed \$200)
Total tax due: 151,910.80

Advance payments

Credit amount
Advance payments 181,909.01
Additional payments not shown above 0.00
Overpayment being carried forward from a prior period 0.00
Total advance payments: 181,909.01

Pay penalty and interest

Taxpayer calculated penalty and interest	0.00
Over payment amount:	29,998.21

Transaction details

Confirmation number SW2407409656	Transaction date/time 12/23/2024 12:49PM
Tax professional ID	Tax professional name
Submitter phone [REDACTED]	Submitter e-mail yafa@nykcaterers.com
Submitted by Yafa Bresler	



Department of Taxation and Finance

Certification in Support Page 36 of 38

**Taxes on Selected Sales and Services
in Nassau and Niagara Counties****Tax period:**

12/01/2023 - 02/29/2024

Sales tax identification number	6422
Legal name	703 BAKERY CORP.

Do you have anything to report on this schedule for this period? Yes ☒ No ☐**Nassau County**

Taxable sales	-	Credits against taxable sales	=	Net taxable sales and services	x	Tax rate	=	Sales tax
NA 8289 Nassau County excluding city of Long Beach Food and drink; hotel/motel room occupancy								
Over collected(\$):								
174,658.00				174,658.00		0.08625		15,064.25

Niagara County

Taxable sales	-	Credits against taxable sales	=	Net taxable sales and services	x	Tax rate	=	Sales tax
Column totals								
				174,658.00				15,064.25

FOR YOUR RECORDS
DO NOT MAIL



Department of Taxation and Finance

AU11

12/24 V24

New York State and Local Sales and Use Tax Credit or Refund Details

Filing period

12/01/2023 - 02/29/2024

Name (Legal business name, including DBA or individual) 703 BAKERY CORP.			NYS Sales Tax ID number (if registered) EIN or social security number [REDACTED] 6422
Representative's name (if any); see instructions		Telephone number	Period covered by claim(date(s) of purchase) (mm/dd/yyyy) 12/01/2023 - 02/29/2024
Representative's mailing address (number and street or rural route)			Refund claimed \$ 0.00
City	State	Zip code	Credit claimed \$ 0.00
			Overpayment to be carried forward \$ 29,998.21

Resale Explanations

Tangible personal property or taxable services that you resold

Utilities that you resold (for example, submetered to tenants)

Hotel occupancy resold by room remarketers

Materials incorporated into real property by a contractor Explanations

The real property is located outside New York State

The real property is in an empire zone

The real property is owned by an Exempt Organization

The materials remained tangible personal property after installation

The materials were transferred to your customer in a taxable repair, maintenance, or installation service

Miscellaneous Explanations

Bad debt under Tax Law Section 1132(e)

Tax remitted in a prior period, which was refunded to the customer during the current period

Materials either stored in bulk or fabricated in NY, shipped outside NY for use outside the state

Utilities used directly and exclusively in manufacturing

Other

Explanation of your claim

Provide explanation:

Transaction details

Certification in Support Page 38 of 38

Confirmation number SW2407409656	Transaction date/time 12/23/2024 12:49PM
Tax professional ID	Tax professional name
Submitter phone (XXXXXXXXXX)	Submitter e-mail yafa@nykcaterers.com
Submitted by Yafa Bresler	